

General

Title

Hospital inpatients' experiences: percentage of adult inpatients who reported they understood their care when they left the hospital.

Source(s)

Centers for Medicare & Medicaid Services (CMS). HCAHPS survey. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); 2017 Mar. 18 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Patient Experience

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of adult inpatients who reported whether they understood their care when they left the hospital.

The "Care Transition" composite measure is based on three questions on the CAHPS Hospital Survey. Two of the questions ask patients ("Strongly disagree," "Disagree," "Agree," "Strongly agree"):

During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

AND

One question asks patients ("Strongly disagree," "Disagree," "Agree," "Strongly agree," "I was not given any medication when I left the hospital"):

When I left the hospital, I clearly understood the purpose for taking each of my medications.

Note: A composite score is calculated in which a higher score indicates better quality. Composite scores are intended for consumer-level reporting.

Rationale

The Hospital Consumer Assessment of Healthcare Providers and Systems Survey, better known as HCAHPS, is part of a larger Consumer Assessment of Healthcare Providers and Systems (CAHPS) program sponsored by the Agency for Healthcare Research and Quality (AHRQ). CAHPS was initiated by AHRQ in 1995 to establish survey and reporting products that provide consumers with information on health plan and provider performance. Since 1995, the initiative has grown to include a range of health care services at multiple levels of the delivery system. HCAHPS was developed by AHRQ in response to the Centers for Medicare & Medicaid Services' (CMS) request for a survey that supports the assessment of patients' perspectives on hospital care.

The purpose of HCAHPS is to uniformly measure and publicly report patients' perspectives on their inpatient care. While many hospitals collected information on patients' satisfaction with care, there was no national standard for collecting this information that would yield valid comparisons across all hospitals. HCAHPS represents the first national standard for the collection of information on patients' perspectives about their inpatient care.

Three broad goals have shaped the HCAHPS Survey. First, the survey is designed to produce comparable data on patients' perspectives of care that allows objective and meaningful comparisons between hospitals on domains that are important to consumers. Second, public reporting of the survey results is designed to create incentives for hospitals to improve their quality of care. Third, public reporting will serve to enhance public accountability in health care by increasing the transparency of the quality of hospital care provided in return for the public investment. With these goals in mind, the HCAHPS project has taken substantial steps to assure that the survey is credible, useful and practical. This methodology and the information it generates is made available to the public.

Evidence for Rationale

Centers for Medicare & Medicaid Services (CMS). CAHPS® Hospital Survey (HCAHPS). Quality assurance guidelines. Version 12.0. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); 2017 Mar. Various p.

Primary Health Components

Inpatient care; patient experience; care transition

Denominator Description

Hospital inpatients with an admission during the reporting period who answered the "Care Transition" questions on the CAHPS Hospital Survey (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

The number of ("Strongly disagree," "Disagree," "Agree," or "Strongly agree" and "I was not given any medication when I left the hospital") responses on the "Care Transition" questions (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Focus groups

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

The Care Transition Measure as used in the HCAHPS Survey has been thoroughly tested and evaluated. For details, see the [National Quality Forum \(NQF\) Web site](#) .

Evidence for Extent of Measure Testing

Person- and family-centered care measures. [internet]. Washington (DC): National Quality Forum (NQF); 2017 [accessed 2017 Oct 31].

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Hospital Inpatient

Transition

Type of Care Coordination

Coordination between providers and patient/caregiver

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Effective Communication and Care Coordination

Person- and Family-centered Care

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Patient-centeredness

Data Collection for the Measure

Case Finding Period

One month

Note: The basic sampling procedure for the CAHPS Hospital Survey (HCAHPS) requires the drawing of a random sample of eligible monthly discharges. Data will be collected from patients in each monthly sample over the 12-month reporting period, and will be aggregated on a quarterly basis to create a rolling 4-quarter data file for each hospital.

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Institutionalization

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Hospital inpatients with an admission during the reporting period who meet the following eligibility criteria and who answered the "Care Transition" questions on the CAHPS Hospital Survey (HCAHPS):

- 18 years or older at the time of admission

- Admission includes at least one overnight stay in the hospital

- An overnight stay is defined as an inpatient admission in which the patient's admission date is different from the patient's discharge date. The admission need not be 24 hours in length. For example, a patient had an overnight stay if he or she was admitted at 11:00 PM on Day 1, and discharged at 10:00 AM on Day 2. Patients who did not have an overnight stay should not be included in the sample frame (e.g., patients who were admitted for a short period of time solely for observation; patients admitted for same day diagnostic tests as part of outpatient care).

- Non-psychiatric Medicare Severity-Diagnosis Related Group (MS-DRG)/principal diagnosis at discharge

- Note: Patients whose principal diagnosis falls within the Maternity Care, Medical, or Surgical service lines and who also have a secondary psychiatric diagnosis are still eligible for the survey.

- Alive at the time of discharge

Note: The basic sampling procedure for HCAHPS entails drawing a random sample of all eligible discharges from a hospital on a monthly basis. Sampling may be conducted either continuously throughout the month or at the end of the month, as long as a random sample is generated from the entire month. If the hospital/survey vendor chooses to sample continuously, each sample must be drawn using the same sampling ratio (for instance 25 percent of eligible discharges or every fourth eligible discharge) and the same sampling timeframe (for instance, every 24 hours, 48 hours, week, etc.) throughout the month. Refer to the "CAHPS® Hospital Survey (HCAHPS). Quality Assurance Guidelines. Version 12.0" for additional information (see the "Companion Documents" field).

Exclusions

- "No-Publicity" patients – Patients who request that they not be contacted

- Court/Law enforcement patients (i.e., prisoners); this does not include patients residing in halfway houses

- Patients with a foreign home address (the United States [U.S.] territories – Virgin Islands, Puerto Rico, Guam, American Samoa, and Northern Mariana Islands – are not considered foreign addresses and therefore are not excluded)

Patients discharged to hospice care (hospice-home or hospice-medical facility)
Patients who are excluded because of state regulations
Patients discharged to nursing home and skilled nursing facilities
Pediatric patients (under 18 years old at admission) and patients with a primary psychiatric or substance abuse diagnosis are ineligible because the current HCAHPS instrument is not designed to address the unique situation of pediatric patients and their families, or the behavioral health issues pertinent to psychiatric patients.

Note: Patients must be included in the HCAHPS Survey sample frame unless the hospital/survey vendor has positive evidence that a patient is ineligible or fits within an excluded category. If information is missing on *any* variable that affects survey eligibility when the sample frame is constructed, the patient must be included in the sample frame.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

The number of ("Strongly disagree," "Disagree," "Agree," or "Strongly agree" and "I was not given any medication when I left the hospital") responses on the "Care Transition" questions

From the responses, a composite score is calculated in which a higher score indicates better quality.

Note: To produce composite scores, the proportion of cases in each response category for each question is calculated. Once the proportions are calculated for each response category, the average proportion of those responding to each category is then calculated across all the questions that make up a specific composite. Only the questions answered by the patient are included in the composite calculation.

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Patient/Individual survey

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

CAHPS Hospital Survey (HCAHPS)

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Composite/Scale

Mean/Median

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

One of the methodological issues associated with making comparisons between hospitals is the need to adjust appropriately for patient-mix differences, survey mode, and non-response. Patient-mix refers to patient characteristics that are not under the control of the hospital that may affect measures of patient experiences, such as demographic characteristics and health status. The basic goal of adjusting for patient-mix is to estimate how different hospitals would be rated if they all provided care to comparable groups of patients.

Before public reporting hospital results, the Centers for Medicare & Medicaid Services (CMS) adjusts for patient characteristics that affect ratings and are differentially distributed across hospitals. Most of the patient-mix items are included in the "About You" section of the instrument, while others are from administrative records. Based on the CAHPS Hospital Survey (HCAHPS) mode experiment and pilot data, and consistent with previous studies of patient-mix adjustment in CAHPS and in previous hospital patient surveys, we use the following variables in the patient-mix adjustment model:

- Type of service (medical, surgical, maternity care)
- Age (specified as a categorical variable)
- Education (specified as a linear variable)
- Self-reported general health status (specified as a linear variable)
- Response percentile (length of time between discharge and completion of survey)
- Language spoken at home (English, Spanish, Chinese, or Russian/Vietnamese/Other)
- Interaction of age by service

Once the data are adjusted for patient-mix, there is a fixed adjustment for each of the reported measures for mode of administration (mail, telephone, mail with telephone follow-up, and active Interactive Voice Recognition). The patient-mix adjustment uses a regression methodology also referred to as covariance adjustment.

For more information on survey mode and patient-mix adjustments of publicly reported HCAHPS scores, see "Mode and Patient-mix Adjustment of the CAHPS Hospital Survey (HCAHPS)," on the HCAHPS Web site at www.hcahpsonline.org/modeadjustment.aspx .

Standard of Comparison

not defined yet

Identifying Information

Original Title

Care transition.

Measure Collection Name

CAHPS Hospital Survey

Submitter

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]

Developer

Agency for Healthcare Research and Quality - Federal Government Agency [U.S.]

CAHPS Consortium - Health Care Quality Collaboration

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]

Funding Source(s)

Centers for Medicare & Medicaid Services

Composition of the Group that Developed the Measure

Agency for Healthcare Research and Quality (AHRQ), CAHPS Grantees, and the Division of Consumer Assessment & Plan Performance, Centers for Medicare & Medicaid Services

Financial Disclosures/Other Potential Conflicts of Interest

None

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2015 Jan 7

Measure Initiative(s)

Hospital Compare

Hospital Inpatient Quality Reporting Program

Adaptation

This measure was adapted from the Care Transitions Program® three-item Care Transitions Measure® (CTM-3) (NQF #0228).

Date of Most Current Version in NQMC

2017 Mar

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

Measure Availability

Source available from the [HCAHPS Web site](#) . Additional information on this measure is available from the [Care Transitions Program Web site](#) .

For more information, contact the Centers for Medicare & Medicaid Services (CMS) at Hospitalcahps@cms.hhs.gov.

Companion Documents

The following is available:

Centers for Medicare & Medicaid Services (CMS). CAHPS® Hospital Survey (HCAHPS). Quality assurance guidelines. Version 12.0. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); 2017 Mar. 572 p. Available from the [HCAHPS Web site](#) .

NQMC Status

This NQMC summary was completed by ECRI Institute on October 10, 2017. The information was verified by the measure developer on October 31, 2017.

Copyright Statement

The measure developer/copyright holder retains all applicable rights.

Written permission is required for use of the 3-item Care Transitions Measure® (CTM-3®). No user fees are imposed.

The three Care Transitions Measure® questions (Questions 23-25) are copyright of Eric A. Coleman, MD, MPH, all rights reserved. For more information, contact Eric A. Coleman, MD, MPH, Director of the Care Transitions Program at the University of Colorado Denver Anschutz Medical Campus, 13199 East Montview Blvd., Suite 400, Aurora, CO 80045; Phone: 303-724-2456; E-mail: Eric.Coleman@ucdenver.edu.

Production

Source(s)

Centers for Medicare & Medicaid Services (CMS). HCAHPS survey. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); 2017 Mar. 18 p.

Disclaimer

NQMC Disclaimer

The National Quality Measures Clearinghouse® (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the [NQMC Inclusion Criteria](#).

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.